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TRANSMITTAL	Filing Date	2000-02-10
FORM	F (N 1)	Odile Leroy
		1645
	Examiner Name	Patrica Ann Duffy
(to be used for all correspondence after initial	al filing)	•
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ENCLOSURES (Check all that apply)		
Fee Transmittal Form	Drawing(s)	After Allowance Communication to TC
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	Terminal Disclaimer	Other Enclosure(s) (please Identify
Extension of Time Request	1=	below):  Request For Continued Examination
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Document(s)  Reply to Missing Parts/		For Continued Examination Fee and the fee for the 5 erpayments to Deposit Account No. 13-2490.
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CICNU	ATURE OF ARRUGANT ATTOR	NEV OR ACENT
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name		
McDonnell Boehnen Hull	lbert & Berghoff LLP	
Signature /Michael S. Greenfield/		
Printed name Michael S. Greenfield		
Date March 3, 2010	TN.	eg. No. 37,142
CERTIFICATE OF TRANSMISSION/MAILING		
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Signature //Michael S. Greenfield/		

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Typed or printed name

Date March 3, 2010

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